

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	3					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
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19						
20		1				
21	1	2				
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48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	18					
TOTAL CLAIMS	30					

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						